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CONFIRMATION NO. 6771

<b>SERIAL NUMBER</b> 10/532,210	<b>FILING OR 371(c) DATE</b> 04/22/2005 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3768	<b>ATTORNEY DOCKET NO.</b> A-9547
<b>APPLICANTS</b> John Perrier, Bulimba, AUSTRALIA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/AU03/01359 10/16/2003 <b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA 2002952326 10/28/2002 AUSTRALIA 2002953557 12/18/2002 <i>LNL</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/19/2006				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>LNL</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 19
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> 20741				
<b>TITLE</b> Ultrasonic medical device				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	